

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-475)

SERIAL NO.

101591465

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER (1st AMENDMENT)		AFTER (2nd AMENDMENT)			AS FILED		AFTER (1st AMENDMENT)		AFTER (2nd AMENDMENT)	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	22	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			29				TOTAL CLAIMS						